Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF MICHIGAN		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check amen

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Arthur First name  E. Middle name  Shears Last name and Suffix (Sr., Jr., II, III)	-	First name  M. Middle name  Shears Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or			
	maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-9643		xxx-xx-7352

Debtor 1 Arthur E. Shears
Debtor 2 Faith M. Shears

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	☐ I have not used any business name or EINs.  FDBA FAS Trucking  Business name(s)  EINs	■ I have not used any business name or EINs.  Business name(s)  EINs
5.	Where you live	61980 Klinger Lake Rd.	If Debtor 2 lives at a different address:
		Centreville, MI 49032  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Saint Joseph	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)

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	otor 1 Arthur E. Shears otor 2 Faith M. Shears				Case number (if known)	
			_			
Par						
7.	The chapter of the Bankruptcy Code you are choosing to file under			of each, see <i>Notice Required by</i> page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankrup e box.	otcy
	choosing to me under	Chapter 7				
		☐ Chapter 11				
		☐ Chapter 12				
		☐ Chapter 13				
8.	How you will pay the fee	about how order. If yo a pre-print	you may pay. Typi our attorney is subn ed address.	ically, if you are paying the fee yo nitting your payment on your beha	with the clerk's office in your local court for more curself, you may pay with cash, cashier's check, or ralf, your attorney may pay with a credit card or check, or not sign and attach the Application for Individuals to	money k with
		☐ The Filing ☐ I request but is not applies to	Fee in Installments that my fee be wa required to, waive y your family size an	s (Official Form 103A).  ived (You may request this option four fee, and may do so only if young the fee in th	only if you are filing for Chapter 7. By law, a judge ur income is less than 150% of the official poverty linstallments). If you choose this option, you must fial Form 103B) and file it with your petition.	may, ine that
9.	Have you filed for bankruptcy within the	■ No.				
	last 8 years?	☐ Yes.				
		Distri		<u> </u>	Case number	
		Distri		When	Case number	
		Distri	ct	When	Case number	
10.	Are any bankruptcy cases pending or being	■ No				
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
		Debte	or		Relationship to you	
		Distri	ct	When	Case number, if known	
		Debte	or		Relationship to you	
		Distri	ct	When	Case number, if known	
11.	Do you rent your	■ No. Go	to line 12.			
	residence?	☐ Yes. Has	your landlord obta	ined an eviction judgment agains	you?	
			No. Go to line 1	12.		
			V <b>- - - - - - - - - </b>		ludgment Against You (Form 101A) and file it as pa	ert of

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	otor 1 Arthur E. Shears otor 2 Faith M. Shears			Case number (if known)					
Par	t 3: Report About Any Bu	ısinesses	You Own as a Sole Proprie	etor					
12.	Are you a sole proprietor of any full- or part-time business?	□ No.	Go to Part 4.						
		Yes.	■ Yes. Name and location of business						
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such		Arthur Shears Name of business, if any	,					
	as a corporation, partnership, or LLC.								
	If you have more than one		debtor's address						
	sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	ate & ZIP Code					
	it to this petition.		Check the appropriate b	ox to describe your business:					
			☐ Health Care Bus	iness (as defined in 11 U.S.C. § 101(27A))					
			☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))					
			☐ Stockbroker (as						
			☐ Commodity Brok	rer (as defined in 11 U.S.C. § 101(6))					
			None of the above						
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).	deadline operation in 11 U.S  ■ No.	s. If you indicate that you are as, cash-flow statement, and S.C. 1116(1)(B).  I am not filing under Challe I am filing under Chapte Code.	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy					
		☐ Yes.	I am filing under Chapte	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.					
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or A	ny Property That Needs Immediate Attention					
14.	,	■ No.							
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is the hazard?						
	public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?						
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?						
	-			Number, Street, City, State & Zip Code					

Case:18-02195-swd Doc #:1 Filed: 05/11/18 Page 5 of 48 Debtor 1 Arthur E. Shears Debtor 2 Faith M. Shears Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 15. Tell the court whether You must check one: You must check one: you have received a I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed briefing about credit counseling agency within the 180 days before I counseling. filed this bankruptcy petition, and I received a certificate of completion. completion. The law requires that you Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment plan, if receive a briefing about plan, if any, that you developed with the agency. any, that you developed with the agency. credit counseling before you file for bankruptcy. I received a briefing from an approved credit I received a briefing from an approved credit You must truthfully check counseling agency within the 180 days before I one of the following counseling agency within the 180 days before I filed filed this bankruptcy petition, but I do not have choices. If you cannot do so, you are not eligible to a certificate of completion. of completion. file. Within 14 days after you file this bankruptcy Within 14 days after you file this bankruptcy petition, you petition, you MUST file a copy of the certificate and MUST file a copy of the certificate and payment plan, if If you file anyway, the court payment plan, if any. can dismiss your case, you will lose whatever filing fee I certify that I asked for credit counseling ☐ I certify that I asked for credit counseling services you paid, and your services from an approved agency, but was from an approved agency, but was unable to obtain creditors can begin unable to obtain those services during the 7 those services during the 7 days after I made my collection activities again. request, and exigent circumstances merit a 30-day days after I made my request, and exigent circumstances merit a 30-day temporary waiver temporary waiver of the requirement. of the requirement. To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining to obtain the briefing, why you were unable to obtain it what efforts you made to obtain the briefing, why before you filed for bankruptcy, and what exigent you were unable to obtain it before you filed for circumstances required you to file this case. bankruptcy, and what exigent circumstances

required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

may be dismissed.

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so. Active duty. I am currently on active military duty in a

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

military combat zone.

this bankruptcy petition, and I received a certificate of

this bankruptcy petition, but I do not have a certificate

attach a separate sheet explaining what efforts you made

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Answer These Questions for Reporting Purposes  16. What kind of debts do you have?  16. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 'incurred by a individual primarily for a personal, family, or household purpose.'  18. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  18. Are your dilling under Chapter 17.  18c. State the type of debts you own that are not consumer debts or business debts  17. Are your filling under Chapter 17. Do you estimate that after any exempt property is excluded and administrative expenses be available for with the administrative expenses be available for with the administrative expenses be available for with the your assests to be very a seed to be worth?  18. How much do you estimate that you make that you make that you make the your assests to be worth?  19. How much do you estimate that you also you self your assess to be worth?  19. How much do you estimate that you individe your assess to be worth?  19. How much do you estimate your flabilities to self your assess to be worth?  19. How much do you estimate that you individe your assess to be worth?  19. How much do you estimate your flabilities to self your assess to be worth?  19. How much do you estimate your flabilities to you would you have the your assess to be worth?  19. How much do you estimate your flabilities to you self your your assess to be worth?  19. How much do you estimate your flabilities to you would you have the your assess to be worth?  19. How much do you estimate your flabilities to you have the your assess to be your assess to be worth?  19. How much do you estimate your flabilities to you have the your assess to be your assess to be worth?  19. So you assess to be your assess to be your assess to you you seem your assess to you you seem your your your your your your your your		tor 1 tor 2	Arthur E. Shears Faith M. Shears				Case nu	umber (if known)		
You have?   Individual primarily for a present, family, or household purpose."   No. Go to line 16b.   Yes. Go to line 17.   16b.   Are your debts primarily business debts? Business or debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.   No. Go to line 17.   16c.   Yes. Go to line 18.   Yes.   I am not filing under Chapter 7. Go to line 18.   I am filing under Chapter 7.   Yes.   I am filing under 7.   Yes.   I am filing under 7.   Yes.   I am filing under 7.   Yes.   Ye	Part	t 6:	Answer These Questi	ons for Re	porting Purposes					
Test	16.							e defined in 11 U.S.C.	§ 101(8) as "incurred by an	
16b.					☐ No. Go to line 16b.					
money for a business or investment or through the operation of the business of investment.    No. Go to line 16c.   Yes. Go to line 17.					Yes. Go to line 17.					
Yes. Go to line 17.   16c.   State the type of debts you owe that are not consumer debts or business debts										
16c. State the type of debts you owe that are not consumer debts or business debts    17. Are you filling under Chapter 7. Go to line 18.					☐ No. Go to line 16c.					
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expens are paid that funds will be available to distribute to unsecured creditions?    No					☐ Yes. Go to line 17.					
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  18. How many Creditors do you estimate that you estimate that you owe?  19. How much do you estimate that you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your labilities to be?  19. How much do you estimate your labilities your assets to be worth?  19. How much do you estimate your labilities to be?  19. How much do you estimate your labilities your assets to be worth?  19. So. \$50,000   \$1,000,000   \$10,000,001   \$500 million   \$10,000,000,001   \$10,000,000,001   \$500 million   \$10,000,000,001   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10,000,000   \$10				16c.	State the type of debts you	u owe that are not consur	mer debts or bus	siness debts		
are paid that funds will be available to distribute to unsecured creditors?    No	17.			□ No.	I am not filing under Chapt	ter 7. Go to line 18.				
Secuted on   May 8, 2018   No   Secured   No   Secured on   May 8, 2018   No   Secured on   May 8, 2018   Secured on   Mag 8, 2		after	any exempt						and administrative expenses	
be available for distribution to unsecured creditors?  18. How many Creditors do you estimate that you owe?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. How much do you estimate your assets to be worth?  19. Sto,0001 - \$100,0000					■ No					
you estimate that you owe?    50-99		be av	vailable for ibution to unsecured		☐ Yes					
So-99	18.			<b>1</b> -49		□ 1,000-5,000		□ 25,001-	50,000	
19. How much do you estimate your assets to be worth?    \$0 - \$50,000				_				•	·	
estimate your assets to be worth?    \$50,001 - \$100,000						□ 10,001-25,0	00	☐ More th	an100,000	
be worth?    \$50,001 - \$100,000   \$50,000,001 - \$100 million   \$10,000,000,001 - \$10 lillion   \$500,000,000,001 - \$10 lillion   \$500,000,000,001 - \$10 lillion   \$500,000,000,001 - \$10 lillion   \$500,000,001 - \$10 lillion   \$100,000,001 - \$10 lillion   \$100,000,000,001 - \$10 lillion   \$100,000,000 - \$100,000,001 - \$10 lillion   \$100,000,000,001 - \$100,000,001 - \$10 lillion   \$100,000,000,001 - \$10 lillion   \$100,000,000 - \$100,000,001 - \$10 lillion   \$100,000,000 - \$100,000 - \$100,000,001 - \$10 lillion   \$100,000,000 - \$100,000 - \$100,000   \$100,000,000 - \$100,000   \$100,000,000 - \$100,000   \$100,000,000 - \$100,000   \$100,000,000 - \$100,000   \$100,000,000 - \$100,000   \$100,000,000 - \$100,000   \$100,000,000   \$100,000,000   \$100,000,000   \$100,000,000   \$100,000,000   \$100,000   \$100,000,000   \$100,000,000   \$100,000,000   \$100,000   \$100,000   \$100,000   \$100,000,000   \$100,000   \$	19.			<b>\$50,001 - \$100,000</b>		□ \$1,000,001	- \$10 million	□ \$500,00	00,001 - \$1 billion	
S500,001 - \$1 million										
estimate your fiabilities to be?    \$50,001 - \$100,000										
Estimate your liabilities to be?    \$50,001 - \$100,000	20.		•	<b>\$0 - \$5</b>	60.000	□ \$1,000,001	- \$10 million	□ \$500,00	00,001 - \$1 billion	
For you  I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 and 3571.  //s/ Arthur E. Shears  Arthur E. Shears  Signature of Debtor 1  Executed on May 8, 2018  Executed on May 8, 2018			-	\$50,00	01 - \$100,000					
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 and 3571.  Is/A Arthur E. Shears Signature of Debtor 1  Executed on May 8, 2018  Executed on May 8, 2018										
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United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 and 3571.  /s/ Arthur E. Shears  Arthur E. Shears  Signature of Debtor 1  Executed on May 8, 2018  Executed on May 8, 2018	For	you		I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.						
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bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151 and 3571.  /s/ Arthur E. Shears  Arthur E. Shears Signature of Debtor 1  Executed on May 8, 2018  Bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 151  /s/ Faith M. Shears Signature of Debtor 2  Executed on May 8, 2018				I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
/s/ Arthur E. Shears/s/ Faith M. ShearsArthur E. ShearsFaith M. ShearsSignature of Debtor 1Signature of Debtor 2Executed on May 8, 2018Executed on May 8, 2018				bankruptc	y case can result in fines up					
Signature of Debtor 1 Signature of Debtor 2  Executed on May 8, 2018 Executed on May 8, 2018				/s/ Arthu	ır E. Shears					
				Evecuted	on May 9 2019		Executed on	May 9, 2019		
				LACCULEO			EVERNIER OIL		_	

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Debtor 1 Debtor 2 Arthur E. Shears Faith M. Shears		Cas	se number (if known)
For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need	I, the attorney for the debtor(s) named in this petition under Chapter 7, 11, 12, or 13 of title 11, United Stat for which the person is eligible. I also certify that I hand, in a case in which § 707(b)(4)(D) applies, certify schedules filed with the petition is incorrect.	es Code, and have eave delivered to the	explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
to file this page.	/s/ Robert R. Kopen	Date	May 8, 2018
	Signature of Attorney for Debtor		MM / DD / YYYY
	Robert R. Kopen P29802		
	Printed name		
	Kopen Law Offices		
	Firm name		
	120 S. Clark St., PO Box 155		
	Centreville, MI 49032		
	Number, Street, City, State & ZIP Code		
	Contact phone <b>269/467-6357</b>	Email address	kopenlaw@comcast.net
	P29802 MI		
	Bar number & State		

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===	in this inform	ation to identify your					
		nation to identify your	case.				
Der	otor 1	Arthur E. Shears First Name	Middle Name	Last Name			
	otor 2	Faith M. Shears					
(Spo	use if, filing)	First Name	Middle Name	Last Name			
Uni	ted States Bar	kruptcy Court for the:	WESTERN DISTRICT	OF MICHIGAN			
	se number					_	if this is an led filing
							3
∩f	ficial For	m 106Sum					
			and Liahilities a	nd Certain Statistic	al Information	4	2/15
Be a	ns complete a rmation. Fill o r original form	nd accurate as possib out all of your schedule	le. If two married peoples first; then complete	e are filing together, both are the information on this form. ck the box at the top of this p	e equally responsible for If you are filing amend	or supplyin	g correct
						Your as	ssets f what you own
1.	Schedule A	/B: Property (Official Fo	orm 106A/B)			\$	65,000.00
						ф —	· · · · · · · · · · · · · · · · · · ·
			•			Ψ	17,750.00
	1c. Copy line	e 63, Total of all property	y on Schedule A/B			\$	82,750.00
Par	t 2: Summa	arize Your Liabilities					
						Your lia	abilities you owe
2.			laims Secured by Propen nn A, Amount of claim, a	ty (Official Form 106D) t the bottom of the last page of	Part 1 of Schedule D	\$	11,388.47
3.	Schedule E/I 3a. Copy the	F: Creditors Who Have e total claims from Part	Unsecured Claims (Offici 1 (priority unsecured clai	al Form 106E/F) ms) from line 6e of <i>Schedule E</i>	:/F	\$	2,200.00
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedul	e E/F	\$	28,503.85
					Your total liabilities	\$	42,092.32
Par	t 3: Summa	arize Your Income and	Expenses				
4.		Your Income (Official Foombined monthly income		le I		\$	2,514.00
5.	Schedule J: Copy your m	Your Expenses (Official onthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>			\$	2,463.00
Par	t 4: Answe	r These Questions for	Administrative and Sta	tistical Records			
6.	-		er Chapters 7, 11, or 13 on this part of the form.	? Check this box and submit this	form to the court with yo	ur other sch	edules.
7.	<ul><li>Yes</li><li>What kind o</li></ul>	f debt do you have?					
				debts are those "incurred by a 9g for statistical purposes. 28		a personal,	family, or
		ebts are not primarily or rt with your other sched		ave nothing to report on this pa	art of the form. Check this	s box and su	ubmit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 1 Arthur E. Shears

Debtor 2 Faith M. Shears Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,151.92

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,200.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	2,200.00

	Case.18	5-02195-5	wu Di	JC #.1	Filed. US	0/11/10	Page 10	01 46		
Fill in this inforr	mation to identify you	r case and thi	is filing:							
Debtor 1	Arthur E. Shears	3								
	First Name	Middle	Name		Last Name					
Debtor 2 (Spouse, if filing)	Faith M. Shears	Middle	Name		Last Name					
	inkruptcy Court for the:	WESTERN		OF MICH						
	, ,								_	
Case number _					_					Check if this is an amended filing
	was 400 A /D									
	<u>rm 106A/B</u>									
Scheau	e A/B: Prop	perty								12/15
Answer every ques	e space is needed, attacl stion. Each Residence, Buildin	·			, ,	. 0	, write your na	ame and case	numr	er (it known).
1. Do you own or h	nave any legal or equitab	le interest in ar	ny residence	a, building,	, land, or simila	r property?				
☐ No. Go to Par	t 2.									
Yes. Where is	s the property?									
	nger Lake Rd. if available, or other description	n	☐ Sir	ngle-family h	ti-unit building	pply	the amount	of any secured	d claim	exemptions. Put s on <i>Schedule D:</i> ured by <i>Property</i> .
			ш		or cooperative					
Controville	. MI 40	022 0000			or mobile home		Current val			ent value of the
Centreville	e MI 49 State	032-0000 ZIP Code	ᆜ		an arth (		entire prop	erty? <b>5,000.00</b>	porti	on you own? \$65,000.00
City	State	ZIF Code	_	estment pro neshare	орену				-	· ,
			☐ Ot	her						nership interest y the entireties, or
					t in the property	? Check one	a life estate	•		
Saint loss	anh		_	ebtor 1 only			Fee simp	oie		
Saint Jose County	epn		_	ebtor 2 only	Dahtan O amb					
County			_		Debtor 2 only f the debtors and	d another		if this is com	munity	property
			Other info	ormation y	ou wish to add on number:		,	,		
	ar value of the portion							:>		\$65,000.00
Part 2: Describe										

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Debto Debto		rthur E. Shears aith M. Shears		Case number (if known)	
Cai		trucks, tractors, sport utility ve	hicles, motorcycles		
<b>=</b> \	⁄es				
3.1		Ford F-150 2006 nate mileage: 150,000 formation:	Who has an interest in the property? Check one  ■ Debtor 1 only  □ Debtor 2 only  □ Debtor 1 and Debtor 2 only  □ At least one of the debtors and another	the amount of any secu	d claims or exemptions. Put ured claims on Schedule D: Claims Secured by Property. Current value of the portion you own?
			☐ Check if this is community property (see instructions)	\$5,000.00	\$5,000.00
3.2		Dodge Dakota 2006 nate mileage: 150,000 formation:	Who has an interest in the property? Check one  ☐ Debtor 1 only  ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	the amount of any secu	d claims or exemptions. Put ured claims on Schedule D: Claims Secured by Property. Current value of the portion you own?
			☐ Check if this is community property (see instructions)	\$6,000.00	\$6,000.00
3.3	Make: Model: Year:	Dodge Ram 3500	Who has an interest in the property? Check one  ■ Debtor 1 only  □ Debtor 2 only	the amount of any secu	d claims or exemptions. Put ured claims on Schedule D: Claims Secured by Property.
	Approximate mileage: 800,000 Other information:		☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
			☐ Check if this is community property (see instructions)	\$4,000.00	\$4,000.00
	<i>mples:</i> B		d other recreational vehicles, other vehicles, a tercraft, fishing vessels, snowmobiles, motorcycle		
			n for all of your entries from Part 2, including that number here	-	\$15,000.00
		be Your Personal and Household It or have any legal or equitable in	ems terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Ex	amples: No	goods and furnishings Major appliances, furniture, linens	, china, kitchenware		
	Yes. De	scribe			
		household good	ds & furnishings, no item valued more th	an \$600	\$1,500.0

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Debtor 1 Debtor 2	Arthur E. Shears Faith M. Shears  Case number (if known)	
□ No	ics es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games  Describe	collections; electronic devices
	electronics - 2 tv's, radio, desktop computer, printer, cell phones	\$500.00
Example No	bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coir other collections, memorabilia, collectibles  Describe	n, or baseball card collections;
Exampl  No	ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments	and kayaks; carpentry tools;
10. <b>Firearr</b> <i>Exam</i> µ ■ No	Describe  Is  les: Pistols, rifles, shotguns, ammunition, and related equipment  Describe	
□ No	les: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe	
	wearing apparel	\$200.00
□ No	/ les: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,  Describe	gold, silver
	misc. costume jewelry	\$50.00
Exam <sub>l</sub> □ No -	rm animals les: Dogs, cats, birds, horses Describe	
	2 dogs - chihuahua mix	\$20.00
□ No	ner personal and household items you did not already list, including any health aids you did not list  Give specific information	
	plow attachment	\$300.00
	he dollar value of all of your entries from Part 3, including any entries for pages you have attached rt 3. Write that number here	\$2,570.00

Part 4: Describe Your Financial Assets

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	otor 1 otor 2	Arthur E. S Faith M. Sh				Case number (if known)	
							portion you own? Do not deduct secured claims or exemptions.
[	□ No		-		ome, in a safe deposit box, and	on hand when you file your petition	
	_ 100					Cash	\$25.00
17.					ounts; certificates of deposit; sh s with the same institution, list e	ares in credit unions, brokerage hou	uses, and other similar
_	□ No ■ Yes				Institution name:		
			17.1.	Checking	Omni CU		\$86.00
			17.2.	Savings	Omni CU		\$69.00
	Ехатр			ly traded stocks ent accounts with br	okerage firms, money market ac	ccounts	
	■ No □ Yes			Institution or issuer	name:		
ı	joint ve ■ No	enture		interests in incorp	·	usinesses, including an interest in	n an LLC, partnership, and
				ne of entity:		% of ownership:	
ļ	Negotia Non-ne ■ No	able instrument	ts include periods are formation a	ersonal checks, ca those you cannot tr	otiable and non-negotiable ins shiers' checks, promissory note: ansfer to someone by signing or	s, and money orders.	
_	Examp	nent or pensio les: Interests in			403(b), thrift savings accounts, o	or other pension or profit-sharing pla	ns
	■ No □ Yes. L	_ist each accou		ely. of account:	Institution name:		
	Your sh		ed deposit	s you have made s	o that you may continue service public utilities (electric, gas, wa	or use from a company tter), telecommunications companies	s, or others
					Institution name or indiv	idual:	
23.			for a perio	dic payment of mon	ey to you, either for life or for a r	number of years)	
	⊒ Yes	1	ssuer nam	e and description.			
:	26 U.S.C	s in an educat C. §§ 530(b)(1)			qualified ABLE program, or un	nder a qualified state tuition progr	am.
	■ No □ Yes	l	nstitution r	ame and description	n. Separately file the records of	any interests.11 U.S.C. § 521(c):	

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	ebtor 1 ebtor 2	Arthur E. Shears Faith M. Shears Case number (if known)	
25.	Trusts,	equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisa	able for your benefit
	■ No □ Yes	Give specific information about them	
		, copyrights, trademarks, trade secrets, and other intellectual property	
20.	Examp	les: Internet domain names, websites, proceeds from royalties and licensing agreements	
	■ No □ Yes.	Give specific information about them	
27.	License	es, franchises, and other general intangibles	
		les: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses	
	_	Give specific information about them	
M	oney or p	property owed to you?	Current value of the
			portion you own? Do not deduct secured
			claims or exemptions.
28.	Tax refo	unds owed to you	
	_	Give specific information about them, including whether you already filed the returns and the tax years	
29.	Family Examp	s <mark>upport</mark> /es: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settl	ement
	■ No		
	⊔ Yes. (	Give specific information	
30.		mounts someone owes you  les: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation benefits; unpaid loans you made to someone else	on, Social Security
	■ No □ Yes	Give specific information	
		s in insurance policies	
01.	_Examp	les: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance	
	■ No □ Yes. I	Name the insurance company of each policy and list its value.	
		Company name: Beneficiary:	Surrender or refund value:
32.	If you a	erest in property that is due you from someone who has died re the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive particle.	property because
	■ No		
	⊔ Yes.	Give specific information	
33.		against third parties, whether or not you have filed a lawsuit or made a demand for payment les: Accidents, employment disputes, insurance claims, or rights to sue	
	_	Describe each claim	
34.	Other c	ontingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set	off claims
	■ No □ Yes	Describe each claim	
35		ancial assets you did not already list	
აე.	■ No	anciai assets you ulu not alleauy list	
	☐ Yes.	Give specific information	

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Debt Debt	tor 1 tor 2	Arthur E. Shears Faith M. Shears		Case number (if known)	
36.		he dollar value of all of your entries from Part 4, including art 4. Write that number here			\$180.00
Part	5: Des	scribe Any Business-Related Property You Own or Have an Intere	est In. List any real esta	ate in Part 1.	
37. <b>D</b>	o you o	own or have any legal or equitable interest in any business-relate	d property?		
	No. Go	to Part 6.			
	Yes. G	to to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. <b>C</b>	Do you	own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No.	Go to Part 7.			
	☐ Yes.	Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
53. <b>C</b>	Do you	have other property of any kind you did not already list?			
		oles: Season tickets, country club membership			
	No				
	Yes.	Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$65,000.00
56.	Part 2	: Total vehicles, line 5	\$15,000.00		
57.	Part 3	: Total personal and household items, line 15	\$2,570.00		
58.	Part 4	: Total financial assets, line 36	\$180.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$17,750.00	Copy personal property to	tal \$17,750.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$82,750.00

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Debtor 1	Arthur E. Shears			
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT O	DF MICHIGAN	
Case number if known)				☐ Check if this is an amended filing

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1.	Which set of exemp	ptions are you claimir	ng? Check one on	ly, even if your	spouse is filing w	vith you.
----	--------------------	------------------------	------------------	------------------	--------------------	-----------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim Specific laws that allow	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Check only one box for each exemption.		
ebtor 1 Exemptions 61980 Klinger Lake Rd. Centreville, MI 49032 Saint Joseph County Line from Schedule A/B: 1.1	\$65,000.00	\$28,675.00 Mich. Comp. Laws 600.5451(1)(m)	§	
<b>2006 Ford F-150 150,000 miles</b> Line from <i>Schedule A/B</i> : <b>3.1</b>	\$5,000.00	\$0.00 Mich. Comp. Laws 600.5451(1)(g)  100% of fair market value, up to any applicable statutory limit	§	
2001 Dodge Ram 3500 almost 800,000 miles Line from <i>Schedule A/B</i> : 3.3	\$4,000.00	\$3,525.00 Mich. Comp. Laws 600.5451(1)(g)	§	
household goods & furnishings, no item valued more than \$600 Line from Schedule A/B: 6.1	\$1,500.00	\$750.00 Mich. Comp. Laws 600.5451(1)(c)	§	
electronics - 2 tv's, radio, desktop computer, printer, cell phones Line from <i>Schedule A/B</i> : <b>7.1</b>	\$500.00	\$250.00 Mich. Comp. Laws 600.5451(1)(c) any applicable statutory limit	§	

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	Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own			Specific laws that allow exemption	
		g apparel n Schedule A/B: 11.1	\$200.00	•	\$100.00	Mich. Comp. Laws § 600.5451(1)(a)(iii)	
	Line nom Schedule A/B. 11.1				100% of fair market value, up to any applicable statutory limit	000.040 I(1)(a)(iii)	
	_	- chihuahua mix	\$20.00		\$10.00	Mich. Comp. Laws § 600.5451(1)(f)	
	Line non	in Scriedule A/D. 19.1			100% of fair market value, up to any applicable statutory limit	333.3431(1)(1)	
	•	tachment	\$300.00		\$300.00	Mich. Comp. Laws § 600.5451(1)(c)	
	Line non	Totaled AV D. 14.1			100% of fair market value, up to any applicable statutory limit	000.0401(1)(0)	
3.	(Subject	claiming a homestead exemption to adjustment on 4/01/19 and every			led on or after the date of adjustme	nt.)	
	■ No						
	☐ Yes	s. Did you acquire the property cove	red by the exemption wi	ithin 1	215 days before you filed this case	?	
		No					
		Yes					

			3	
Fill in this infor	rmation to identify your	case:		
Debtor 1				$\neg$
	First Name	Middle Name	Last Name	
Debtor 2	Faith M. Shears			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	WESTERN DISTRICT O	DF MICHIGAN	
Case number				
(if known)				Check if this is an amended filing
Official Fo	orm 106C			
Schedu	le C: The Pro	operty You C	Claim as Exempt	4/16
the property you	listed on Schedule A/B: Find attach to this page as	Property (Official Form 106	filing together, both are equally responsible A/B) as your source, list the property that your ditional Page as necessary. On the top of an	ou claim as exempt. If more space is

ase number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	identity	y tne Property	You Claim as Exempt	

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Specific laws that allow exemption  Check only one box for each exemption.
Oebtor 2 Exemptions 61980 Klinger Lake Rd. Centreville, MI 49032 Saint Joseph County Line from Schedule A/B: 1.1	\$65,000.00	\$28,675.00 Mich. Comp. Laws § 600.5451(1)(m)
2006 Dodge Dakota 150,000 miles Line from Schedule A/B: 3.2	\$6,000.00	\$0.00 Mich. Comp. Laws § 600.5451(1)(g)
household goods & furnishings, no item valued more than \$600 Line from <i>Schedule A/B</i> : <b>6.1</b>	\$1,500.00	\$750.00 Mich. Comp. Laws § 600.5451(1)(c)
electronics - 2 tv's, radio, desktop computer, printer, cell phones Line from <i>Schedule A/B</i> : 7.1	\$500.00	\$250.00 Mich. Comp. Laws § 600.5451(1)(c)
wearing apparel Line from Schedule A/B: 11.1	\$200.00	\$100.00 Mich. Comp. Laws § 600.5451(1)(a)(iii)

Official Form 106C

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	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	misc. costume jewelry Line from Schedule A/B: 12.1	\$50.00		\$50.00	Mich. Comp. Laws § 600.5451(1)(c)	
			☐ 100% of fair market value, up to any applicable statutory limit		` ' ' '	
	2 dogs - chihuahua mix Line from Schedule A/B: 13.1	\$20.00		\$10.00	Mich. Comp. Laws § 600.5451(1)(f)	
	Ellio Ilolii osiiloodio / v B. 1011			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  No			ed on or after the date of adjustme	nt.)	
	Yes. Did you acquire the property cover	ed by the exemption with	thin 1	,215 days before you filed this case	?	
	□ No	, , ,		, <b>, ,</b>		
	☐ Yes					

# 

Fill in this information to identify					
Fill in this information to identify you	our case:				
Debtor 1 Arthur E. Shea					
First Name	Middle Name	Last Name			
Debtor 2   Faith M. Shear	Middle Name	Last Name		-	
(Opouse II, IIIIIg)	Widdle Name	Lastivanie			
United States Bankruptcy Court for th	e: WESTERN DISTRICT OF MICH	IIGAN			
Case number					
(if known)				☐ Check	if this is an
					ded filing
Official Form 106D					
Schedule D: Creditor	s Who Have Claims S	Secure	d by Propert	V	12/15
			<u> </u>	<u> </u>	
	e. If two married people are filing togethen it out, number the entries, and attach it to				
number (if known).					
1. Do any creditors have claims secured	by your property?				
☐ No. Check this box and submit	t this form to the court with your other s	schedules. Y	ou have nothing else t	to report on this form.	
Yes. Fill in all of the informatio	n below.				
Part 1: List All Secured Claims					
			Column A	Column B	Column C
	s more than one secured claim, list the credias a particular claim, list the other creditors		Amount of claim	Value of collateral	Unsecured
	etical order according to the creditor's name.		Do not deduct the	that supports this	portion
Omni Community Credit			value of collateral.	claim	If any
Union	Describe the property that secures th	ne claim:	\$3,933.00	\$5,000.00	\$0.00
Creditor's Name	2006 Ford F-150 150,000 mile	es e			
DO D. 4507	As of the date you file, the claim is: C	heck all that			
PO Box 1537 Battle Creek, MI 49016	apply.				
	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	☐ An agreement you made (such as m	ortgage or sec	cured		
Debtor 2 only	car loan)	3.3.			
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mech	hanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	•	Security A	greement		
community debt		-	-		
Date debt was incurred July 2013	Last 4 digits of account number	er			
<u> </u>					
Omni Community Credit					
Union	Describe the property that secures th	ne claim:	\$7,455.47	\$6,000.00	\$1,455.47
Creditor's Name	2006 Dodge Dakota 150,000 r	niles			
	As of the date you file, the claim is: C	heck all that			
PO Box 1537	apply.	moon an that			
Battle Creek, MI 49016	Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.				
Debtor 1 only	☐ An agreement you made (such as m	ortgage or sec	cured		
Debtor 2 only	car loan)	iorigage or sec	Jui 04		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mech	nanic's lien)			
☐ At least one of the debtors and another	<u> </u>	,			
☐ Check if this claim relates to a	•	Security A	areement		
community debt	- Other (including a right to offset)	· · · · · · · · · · · · · · ·	J <del></del>		<u> </u>

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Debtor 1	Arthur E. Shears			Case number (if know)	
	First Name	Middle Name	Last Name		
Debtor 2	Faith M. Shears				
	First Name	Middle Name	Last Name		
Date debt	was incurred Oct.	2016	Last 4 digits of account number		
				444.000	<del></del> 1
	•		A on this page. Write that number here	: \$11,388.4	<u> 17  </u>
	the last page of your at number here:	form, add the do	ollar value totals from all pages.	\$11,388.4	<b>17</b>

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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	0030:10 0	2100 3Wa Do	Jii.i. Tilled	. 00/11	710 1 age 2	2 01 40	
Fill in this i	nformation to identify your ca	se:					
Debtor 1	Arthur E. Shears						
20010	First Name	Middle Name	Last Nam	е			
Debtor 2	Faith M. Shears						
(Spouse if, filing	g) First Name	Middle Name	Last Nam	е			
United State	es Bankruptcy Court for the:	WESTERN DISTRICT	OF MICHIGAN				
Case number	or						
(if known)	еı 					☐ Check	if this is an
						<del>-</del>	ded filing
000 1 1 5	- 400E/E						
	Form 106E/F			_			40/45
	le E/F: Creditors Whate and accurate as possible. Use						12/15
Schedule G: E Schedule D: C left. Attach the name and cas	y contracts or unexpired leases the Executory Contracts and Unexpire Creditors Who Have Claims Secur e Continuation Page to this page. se number (if known). List All of Your PRIORITY Uns.	ed Leases (Official Form ed by Property. If more s If you have no information	106G). Do not inclu pace is needed, co	ude any cre	ditors with partially s you need, fill it out,	secured claims that a number the entries i	are listed in n the boxes on the
	creditors have priority unsecured						
_ `	So to Part 2.	Jamis agamst you:					
Yes.	70 to 1 art 2.						
identify w possible, Part 1. If	of your priority unsecured claims.  That type of claim it is. If a claim has list the claims in alphabetical order more than one creditor holds a parti  Explanation of each type of claim, see	both priority and nonpriority according to the creditor's r cular claim, list the other cr	amounts, list that on ame. If you have neditors in Part 3.	claim here a nore than tw	nd show both priority a	and nonpriority amoun aims, fill out the Conti	ts. As much as nuation Page of Nonpriority
2.1 <b>St.</b>	Joseph County Treasurer	Last 4 digits o	f account number	1810	\$2,200.00	amount \$2,200.00	amount \$0.00
Prior	rity Creditor's Name						
_	Box 220	When was the	debt incurred?	2016 ar	nd 2017	_	
	ntreville, MI 49032 hber Street City State Zlp Code	As of the date	you file, the claim	is: Check a	all that apply		
Who in	curred the debt? Check one.	☐ Contingent	•		11.7		
☐ Debt	tor 1 only	☐ Unliquidated	4				
☐ Debi	tor 2 only	☐ Disputed	-				
Deh	tor 1 and Debtor 2 only	•	RITY unsecured cla	aim:			
	east one of the debtors and another	<u></u> ''	upport obligations				
_	eck if this claim is for a communit	<u> </u>	certain other debts	vou owo tho	government		
	claim subject to offset?		leath or personal in		-		
■ No	mann casjoc to choot.	☐ Other. Spec		,u.,	a nore interneuted		
☐ Yes		□ Other. Spec	property ta	axes			
	ist All of Your NONPRIORITY						
	creditors have nonpriority unsecu	,					
☐ No. Y	ou have nothing to report in this part	. Submit this form to the co	ourt with your other	schedules.			
Yes.							
unsecure	of your nonpriority unsecured claim ed claim, list the creditor separately for creditor holds a particular claim, list	or each claim. For each cla	im listed, identify w	nat type of c	laim it is. Do not list cl	aims already included	in Part 1. If more

Total claim

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	r 1 Arthur E. Shears r 2 Faith M. Shears		Case number (if know)				
4.1	Capital One Bank/Menards	Last 4 digits of account number	5909	\$691.53			
	Nonpriority Creditor's Name PO Box 30285 Salt Lake City, UT 84130-0285	When was the debt incurred?	2016-2017				
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	☐ Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit card	purchases				
4.2	Capital One Bank/Menards	Last 4 digits of account number	7164	\$2,900.98			
	Nonpriority Creditor's Name PO Box 30285 Salt Lake City, UT 84130-0285	When was the debt incurred?	2016-2017				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	Other. Specify Credit card	purchases				
4.3	First Bankcard/Speedway  Nonpriority Creditor's Name	Last 4 digits of account number	8022	\$3,458.70			
	PO Box 3331 Omaha, NE 68103-0331	When was the debt incurred?	2016-present				
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	☐ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	red claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	a plane and other circles delta				
	■ No		ring plans, and other similar debts				
	Yes	■ Other. Specify Credit card	purchases				

# 

	Faith M. Shears		Case number (if know)			
4.4	Frontier Communications  Nonpriority Creditor's Name  19 John St.	Last 4 digits of account number When was the debt incurred?	<u>4735</u> 2018	\$438.32		
	Middletown, NY 10940					
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply			
	Debtor 1 only	Пол				
	Debtor 2 only	☐ Contingent				
	Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts			
	☐ Yes	Other Specify phone				
4.5	Merrick Bank Nonpriority Creditor's Name	Last 4 digits of account number	3296	\$4,753.94		
	PO Box 9201	When was the debt incurred?	2010-present			
	Old Bethpage, NY 11804  Number Street City State Zlp Code	As of the date you file, the claim i	s. Check all that apply			
	Who incurred the debt? Check one.	7.6 of the date you me, the claim.	C. Chook an anat apply			
	☐ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing				
	☐ Yes	Other. Specify Credit card	purchases			
4.6	Omni Community Credit Union	Last 4 digits of account number	1451	\$5,753.34		
	Nonpriority Creditor's Name Card Services PO Box 31535	When was the debt incurred?	2016-present			
	Tampa, FL 33631  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	☐ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	ring plans, and other similar debts			
	■ No					
	Yes	■ Other. Specify Credit card	purchases			

# 

	Faith M. Shears	Case number (if know)					
4.7	Sturgis Hospital	Last 4 digits of account number		\$178.00			
	Nonpriority Creditor's Name c/o RMP Services 8155 Executive Court, Suite 10 Lansing, MI 48917-7774	When was the debt incurred?	March 2017	********			
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	☐ Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	$\square$ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify medical					
4.8	Synchrony Bank/Walmart Nonpriority Creditor's Name	Last 4 digits of account number	9648	\$3,018.10			
	Attn: Bankruptcy Dept. PO Box 965060	When was the debt incurred?	2016-2018				
	Orlando, FL 32896-5060  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	,	, and an area of the second of				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit card	purchases				
4.9	Synchrony Bank/Walmart Nonpriority Creditor's Name	Last 4 digits of account number	1276	\$2,880.69			
	Attn: Bankruptcy Dept. PO Box 965060	When was the debt incurred?	2016-2018				
	Orlando, FL 32896-5060  Number Street City State Zlp Code	As of the date you file, the claim	in Chack all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim	<b>s.</b> Спеск ан так арру				
	☐ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	d claim:					
	☐ Check if this claim is for a community						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	■ Other. Specify Credit card purchases					

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Debtor 2	Arthur E. Faith M.			Case r	number (	(if know)	
1 0 1	_	oply/Citibank	Last 4 digits of account number	8406	<b>i</b>		\$2,183.31
	Nonpriority Cre PO Box 649 Sioux Falls	97	When was the debt incurred?		-prese	nt	
		City State Zlp Code	As of the date you file, the claim	s: Checl	k all that a	apply	
	Who incurred	the debt? Check one.					
	Debtor 1 on	ly	☐ Contingent				
	Debtor 2 on	ly	☐ Unliquidated				
	Debtor 1 an	d Debtor 2 only	☐ Disputed				
	☐ At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if thi	is claim is for a community	☐ Student loans				
	debt	bject to offset?	Obligations arising out of a separeport as priority claims	ration aç	greement	or divorce that you did not	
	■ No	•	Debts to pension or profit-sharing	g plans,	and other	r similar debts	
	☐ Yes		■ Other. Specify Credit card				
	L res		Other. Specify Credit Card	purci	iases		
	U.S. Bank/k		Last 4 digits of account number	5832	!	_	\$2,246.94
	Cardmemb PO Box 635	er Services	When was the debt incurred?	2016	-prese	nt	
_		58125-6352 City State Zlp Code the debt? Check one.	As of the date you file, the claim	s: Checl	k all that a	apply	
	■ Debtor 1 on		Пол				
			☐ Contingent				
	Debtor 2 on		☐ Unliquidated				
	Debtor 1 an		☐ Disputed  Type of NONPRIORITY unsecure	d claim:			
		of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	LI Check if the	is claim is for a community					
	Is the claim su	bject to offset?					
	No		Debts to pension or profit-sharing	g plans,	and othe	r similar debts	
	☐ Yes		■ Other. Specify Credit card	purch	nases		
Part 3:	List Other	s to Be Notified About a Debt	Fhat You Already Listed				
is tryin have m	ng to collect from	om you for a debt you owe to some	ut your bankruptcy, for a debt that yone else, list the original creditor in unlisted in Parts 1 or 2, list the addiubmit this page.	Parts 1	or 2, the	n list the collection agency	here. Similarly, if you
Part 4:	Add the A	mounts for Each Type of Unse	cured Claim				
	he amounts of f unsecured cla		. This information is for statistical r	eporting	g purpose	es only. 28 U.S.C. §159. Add	I the amounts for each
				-		Total Claim	
-	6a.	Domestic support obligations		6a.	\$	0.00	
cla	otal iims						
from Pa		Taxes and certain other debts yo	=	6b.	\$	2,200.00	
	6c. 6d.	Other Add all other priority upsec		6c. 6d.	\$ <u> </u>	0.00	
	60.	Other. Add all other priority unsect	red claims. Write that amount here.	ou.	\$_	0.00	
	6e.	Total Priority. Add lines 6a throug	h 6d.	6e.	\$	2,200.00	
						Total Claim	
	6f.	Student loans		6f.	\$	0.00	
	otal iims art 2 6g.	Obligations arising out of a sepa	ration agreement or divorce that	6g.	\$	0.00	

Official Form 106 E/F

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Debtor 1 Arthur E. Shears
Debtor 2 Faith M. Shears

Case number (if know)

you did not report as priority claims
Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ 28,503.85

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Fill in this infor	mation to identify your	case:		
Debtor 1	Arthur E. Shears			
	First Name	Middle Name	Last Name	
Debtor 2	Faith M. Shears			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT O	OF MICHIGAN	
Case number (if known)				

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Dish Network	24 month contract

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	<b>C</b> 430:10	02100 3Wa Do	5 // . I II Ca. 00/	11,10 Tage 20 01	40
Fill in this i	nformation to identify your	case:			
Debtor 1	Arthur E. Shears				
	First Name	Middle Name	Last Name		
Debtor 2	Faith M. Shears	ACT III AT			
(Spouse if, filing	) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	WESTERN DISTRICT	OF MICHIGAN		
Case number	er				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
	ule H: Your Cod	obtors			40/45
Scriedo	ile II. Toul Cou	EDIOIS			12/15
	and case number (if known ou have any codebtors? (If			as a codebtor.	
■ No					
□ Yes					
	to the leaf Occasion become	. 15 1 5		••••	ter and tempter dealers
	n the last 8 years, have yo , California, Idaho, Louisiana				ates and territories include
_				,	
_	So to line 3.				
⊔ Yes.	Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line 2	2 again as a codebtor only 06D), Schedule E/F (Officia	if that person is a guarar	ntor or cosigner. Make	sure you have listed the c	th you. List the person shown reditor on Schedule D (Official edule E/F, or Schedule G to fill
	olumn 1: Your codebtor	ID Code			or to whom you owe the debt
INA	ame, Number, Street, City, State and Z	IF Code		Check all schedules th	ат арріу:
3.1				☐ Schedule D, line	
Na	ame			☐ Schedule E/F, line	
				☐ Schedule G, line	
N	umber Street			_	
Ci	ity	State	ZIP Code		
22				Ochodal D. C.	
3.2	ame			□ Schedule D, line □ Schedule E/F, line	
				☐ Schedule G, line	
- A I	umbor Ctroot				
Ci	umber Street ity	State	ZIP Code		

Fill	in this information to identify your o	case:							
De	btor 1 Arthur E. SI	nears			_				
	btor 2 Faith M. Shouse, if filing)	ears			_				
Un	ited States Bankruptcy Court for the	e: WESTERN DISTRIC	Γ OF MICHIGAN						
(If k	se number						nded filing ement showi	ing postpetition following date:	
_	<u>fficial Form 106l</u> chedule I: Your Inc					MM / DI	D/ YYYY		
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. tt 1:	are married and not fili ur spouse is not filing w On the top of any additi	ng jointly, and your ith you, do not inclu	spouse i	is liv mati	ing with you, i on about your	nclude info spouse. If n	rmation about nore space is	your needed,
1.	Fill in your employment information.		Debtor 1			Debt	or 2 or non-	filing spouse	
	If you have more than one job,		■ Employed	■ Employed			☐ Employed		
	attach a separate page with information about additional	Employment status	☐ Not employed			■ No	■ Not employed		
	employers.	Occupation	self - RV trans	port		retir	ed		
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed t	here? approx	. 8 year	s				
<b>Est</b> i spo	imate monthly income as of the cuse unless you are separated.  but or your non-filing spouse have me e space, attach a separate sheet to	late you file this form. If ore than one employer, co	,	·			·	•	ŭ
						For Debtor 1		ebtor 2 or iling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.0	90 \$	0.00	-
3.	Estimate and list monthly over	time pay.		3.	+\$	0.0	<u> </u>	0.00	-
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	0.00	\$	0.00	

Arthur E. Shears Debtor 1 Debtor 2 Faith M. Shears Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse 0.00 Copy line 4 here 0.00 List all payroll deductions: Tax, Medicare, and Social Security deductions 5a. 5a. 0.00 0.00 Mandatory contributions for retirement plans 5b. 5b. 0.00 0.00 Voluntary contributions for retirement plans 5c. 5c. \$ 0.00 \$ 0.00 5d. Required repayments of retirement fund loans 5d. \$ 0.00 0.00 5e. Insurance 5e. 0.00 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5q. **Union dues** 5q. 0.00 0.00 5h. Other deductions. Specify: 5h.+ 0.00 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 0.00 0.00 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 7. 0.00 0.00 8. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 1,152.00 0.00 8b. Interest and dividends 8h 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 0.00 **Social Security** 8e. 8e. 819.00 543.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 0.00 8g. 8g. Pension or retirement income \$ 0.00 \$ 0.00 Other monthly income. Specify: 8h.+ \$ \$ 0.00 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 1,971.00 543.00 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 1.971.00 \$ 543.00 2.514.00 \$ Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 2,514.00 12. \$ applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? п Yes. Explain: Income goes down during model change over.

Official Form 106I Schedule I: Your Income page 2

	in Alain informa	diam ta islandif				ı				
	n this informa	ition to identify yo								
Debt	Debtor 1 Arthur E. Shears  Debtor 2 Faith M. Shears  Spouse, if filing)						Check if this is:  An amended filing			
							•	wing postpetition chapter the following date:		
Unite	ed States Bankr	ruptcy Court for the	: WESTE	ERN DISTRICT OF MICHIC	SAN	-	MM / DD / YYYY			
	e number nown)									
		orm 106J								
Be a	as complete ormation. If m		possible eded, atta	. If two married people ar ich another sheet to this						
Part	11: Descri Is this a joir	ribe Your House	hold							
١.	□ No. Go to									
	_		in a separ	ate household?						
	■ N □ Y	-	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Deb	tor 2.			
2.	Do you have	e dependents?	■ No							
	Do not list D Debtor 2.	•	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?		
	Do not state							□ No		
	dependents	names.					_	☐ Yes ☐ No		
								☐ Yes		
								□ No		
								☐ Yes		
								□ No □ Yes		
3.	Do your exp	oenses include	_	No				□ res		
	yourself and	f people other t d your depende	han nts? □	Yes						
exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp						
the		h assistance an		government assistance in Sluded it on <i>Schedule I:</i> Y			Your exp	enses		
4.		or home owners and any rent for th		ses for your residence. In	nclude first mortgag	e 4. \$	S	0.00		
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a. \$	5	100.00		
		rty, homeowner's	s, or renter	's insurance		4b. \$		58.00		
				upkeep expenses		4c. \$		200.00		
5.		owner's associat		dominium dues our residence, such as ho	me equity loops	4d. \$ 5. \$		0.00		
J.	Auditional	nortyaye payin	cina ioi ye	our residence, such as no	ne equity loans	J. 4	<b>,</b>	0.00		

ebtor 2	Arthur E. Shears Faith M. Shears	Case num	ber (if known)	
,			·	
6. <b>Utili</b> 6a.	ties: Electricity, heat, natural gas	6a.	\$	378.00
6b.	Water, sewer, garbage collection	6b.	· -	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	136.00
6d.	Other. Specify:	6d.	\$	0.00
	d and housekeeping supplies	— 7.	\$	400.00
	dcare and children's education costs	8.	\$	0.00
_	hing, laundry, and dry cleaning	9.	\$	75.00
	sonal care products and services	10.	\$	60.00
	lical and dental expenses	11.	·	100.00
	nsportation. Include gas, maintenance, bus or train fare.		Ψ	100.00
	not include car payments.	12.	\$	250.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
	ritable contributions and religious donations	14.	\$	0.00
5. <b>Ins</b> u	rance.			
	not include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	· —	0.00
	Health insurance	15b.	·	0.00
	Vehicle insurance	15c.	\$	194.00
	Other insurance. Specify:	15d.	\$	0.00
6. <b>Tax</b> Spe	es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify:	16.	\$	0.00
7. Inst	allment or lease payments:			
17a.	Car payments for Vehicle 1	17a.	\$	200.00
17b.	Car payments for Vehicle 2	17b.	*	212.00
17c.	Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as		•	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe	,	19.	!	
	er real property expenses not included in lines 4 or 5 of this form or on Scho Mortgages on other property	20a.		0.00
	Real estate taxes	20a. 20b.	· —	0.00
			·	0.00
	Property, homeowner's, or renter's insurance	20c. 20d.	·	0.00
	Maintenance, repair, and upkeep expenses		· ·	0.00
	Homeowner's association or condominium dues	20e.	· <u> </u>	0.00
1. Oth	er: Specify:	21.	+\$	0.00
2. Calo	culate your monthly expenses			
22a.	Add lines 4 through 21.		\$	2,463.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	·
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,463.00
	culate your monthly net income.		•	
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	•	2,514.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	2,463.00
23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	51.00
	ou expect an increase or decrease in your expenses within the year after y			
For e	example, do you expect to finish paying for your car loan within the year or do you expect you fication to the terms of your mortgage?	ır mortgage ı	payment to increase	or decrease because

Fill in this info	rmation to identify your	case:				
Debtor 1	Arthur E. Shears					
	First Name	Middle Name	Last Name			
Debtor 2	Faith M. Shears					
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	Bankruptcy Court for the:	WESTERN DISTRICT O	F MICHIGAN			
Case number						
(if known)				☐ Check if this is an amended filing		
				anended ming		
Official For	rm 106Dec					
Declara	tion About a	n Individual	<b>Debtor's Schedules</b>	12/15		
years, or both.	18 U.S.C. §§ 152, 1341, 1		ruptcy case can result in fines up to \$25	5,000, et impliediment lei up to 20		
Did you p	ay or agree to pay some	one who is NOT an attori	ney to help you fill out bankruptcy forms	?		
■ No						
☐ Yes.	Name of person			Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)		
	nalty of perjury, I declare are true and correct.	that I have read the sumr	nary and schedules filed with this decla	ration and		
	thur E. Shears		X /s/ Faith M. Shears			
	ır E. Shears		Faith M. Shears			
Signati	ture of Debtor 1		Signature of Debtor 2			
Date	May 8, 2018		Date <b>May 8, 2018</b>			

Fill	in this inform	nation to identify you	r case.			
	otor 1					
Der	NOI I	Arthur E. Shears First Name	Middle Name	Last Name		
	otor 2	Faith M. Shears				
(Spo	use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Ba	nkruptcy Court for the:	WESTERN DISTRICT OF	MICHIGAN		
	se number own)					heck if this is an mended filing
Sta Be a info	s complete a	of Financial	ble. If two married people a attach a separate sheet to		ankruptcy equally responsible for supp additional pages, write you	
Par 1.			rital Status and Where You	Lived Before		
2.	■ Married □ Not married					
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
<b>3.</b> state	es and territor				ity property state or territory co, Texas, Washington and W	
Par		ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
4.	Did you hav Fill in the tota If you are filir  No	e any income from en al amount of income yo	nployment or from operatin u received from all jobs and a	g a business during this yeall businesses, including parter together, list it only once ur		ndar years?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
the date were filed for bendenmater.		☐ Wages, commissions, bonuses, tips	\$3,500.00	☐ Wages, commissions, bonuses, tips	\$0.00	
			Operating a business		☐ Operating a business	

Official Form 107

Debtor 1 Arthur E. Shears Debtor 2 Faith M. Shears		Cas	e number (if known)	
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2017)	☐ Wages, commissions, bonuses, tips	\$-2,489.00	☐ Wages, commissions, bonuses, tips	\$0.00
	Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2016)	☐ Wages, commissions, bonuses, tips	\$-3,464.00	☐ Wages, commissions, bonuses, tips	\$0.00
	Operating a business		☐ Operating a business	
winnings. If you are filing a joint ca  List each source and the gross inc  No  Yes. Fill in the details.		-	•	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Social Security Benefits	\$4,095.00	Social Security Benefits	\$2,715.00
For last calendar year: (January 1 to December 31, 2017)	Social Security Benefits	\$9,700.00	Social Security Benefits	\$6,400.00
For the calendar year before that: (January 1 to December 31, 2016)	Social Security Benefits	\$9,600.00	Social Security Benefits	\$6,300.00
Part 3: List Certain Payments You	u Made Before You Filed for	Bankruptcy		
	2's debts primarily consume Debtor 2 has primarily consu a personal, family, or househo	umer debts. Consumer debt	s are defined in 11 U.S.C. § ?	101(8) as "incurred by an
☐ No. Go to line		, , , ,		
paid that c not include	each creditor to whom you pareditor. Do not include paymer a payments to an attorney for t	nts for domestic support oblights bankruptcy case.	gations, such as child suppor	t and alimony. Also, do
<u>_</u>	nt on 4/01/19 and every 3 year or both have primarily consu		or after the date of adjustme	nt.
During the 90 days bef	ore you filed for bankruptcy, di		I of \$600 or more?	
No. Go to line				
include pa	each creditor to whom you pai yments for domestic support o or this bankruptcy case.			
Creditor's Name and Address	Dates of payme	ent Total amount	Amount you Was this still owe	s payment for

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Del	otor 2 Faith M. Shears		Cas	se number (if known)		
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for
	Omni Community Credit Union	monthly	\$601.00	\$3,933.00	☐ Mortgage ☐ Car ☐ Credit Car ☐ Loan Re ☐ Suppliers ☐ Other	ard
	Omni Community Credit Union	monthly	\$636.00	\$7,455.47	☐ Mortgage ☐ Car ☐ Credit Can ☐ Loan Re ☐ Suppliers ☐ Other	ard
7.	Within 1 year before you filed for bankrup Insiders include your relatives; any general pof which you are an officer, director, person a business you operate as a sole proprietor. alimony.  No Yes. List all payments to an insider.	partners; relatives of any ge in control, or owner of 20%	neral partners; partners or more of their votin	erships of which yo g securities; and a	ou are a genera ny managing a	al partner; corporation agent, including one fo
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co  No Yes. List all payments to an insider Insider's Name and Address		yments or transfer a Total amount paid	Amount you still owe		this payment
Pai	t 4: Identify Legal Actions, Repossession	ons, and Foreclosures				
9.	Within 1 year before you filed for bankrup List all such matters, including personal injui modifications, and contract disputes.  No Yes. Fill in the details.  Case title	otcy, were you a party in a		on suits, paternity a		t or custody
	Case number	Nature of the case	Court of agency		Otatus of th	ic case
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details below.  No. Go to line 11.  Yes. Fill in the information below.		perty repossessed, 1	foreclosed, garnis	shed, attache	d, seized, or levied?
	Creditor Name and Address	Describe the Property	•	Date		Value of the
		Explain what happene	ed			property

Debtor 1 Arthur E. Shears

Debt Debt		Arthur E. Shears Faith M. Shears		Case number	(if known)			
	acco	unts or refuse to make a payment b		r, did any creditor, including a bank or financial in e you owed a debt?	stitution, set off any a	amounts from your		
	_	No Yes. Fill in the details.						
	_	litor Name and Address	D	escribe the action the creditor took	Date action was	Amount		
					taken			
		n 1 year before you filed for bankru -appointed receiver, a custodian, o		was any of your property in the possession of an a her official?	assignee for the ben	efit of creditors, a		
	<b>-</b>	No						
	□ `	Yes						
Part	5:	List Certain Gifts and Contribution	ıs					
13.	_	n 2 years before you filed for bankı No	uptcy	, did you give any gifts with a total value of more t	han \$600 per person	?		
	_	Yes. Fill in the details for each gift.						
		s with a total value of more than \$60 person	00	Describe the gifts	Dates you gave the gifts	Value		
		on to Whom You Gave the Gift and ress:						
	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No							
	Yes. Fill in the details for each gift or contribution.  Cifts or contributions to charities that total Possible what you contributed.  Page 7.00							
	more Cha	s or contributions to charities that feethan \$600 rity's Name ress (Number, Street, City, State and ZIP Cod		Describe what you contributed	Dates you contributed	Value		
Part	6:	List Certain Losses						
		n 1 year before you filed for bankru mbling?	iptcy c	or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,		
	<b>=</b> 1	No						
	□ `	Yes. Fill in the details.						
		cribe the property you lost and		ribe any insurance coverage for the loss	Date of your	Value of property		
	now	the loss occurred		de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property.	loss	lost		
Part	7:	List Certain Payments or Transfer	s					
	cons	ulted about seeking bankruptcy or	prepa	did you or anyone else acting on your behalf pay or ring a bankruptcy petition? ers, or credit counseling agencies for services require		rty to anyone you		
	_	No Yes. Fill in the details.						
	Pers Addi Ema	son Who Was Paid ress ill or website address	<b>/</b>	Description and value of any property transferred	Date payment or transfer was made	Amount of payment		
	Kop 120 Cen	son Who Made the Payment, if Not Yoen Law Offices S. Clark St., PO Box 155 treville, MI 49032 enlaw @comcast.net	rou	Attorney Fees - \$960.00 GreenPath Fees - \$40.00	April 11, 2018	\$1,000.00		

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	btor 1 Arthur E. Shears Faith M. Shears			Case number	(if known)		
17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you No	rs or to make payment			or transfer any prope	erty to anyone who	
	Yes. Fill in the details.  Person Who Was Paid  Address	Description and transferred	Description and value of any property transferred			Amount of payment	
18.	Within 2 years before you filed for bankrupte transferred in the ordinary course of your build like both outright transfers and transfers mainclude gifts and transfers that you have alread No	usiness or financial aff ade as security (such as	airs? the granting of a				
	Yes. Fill in the details.  Person Who Received Transfer  Address	Description and value of property transferred		Describe any property or payments received or debts paid in exchange		Date transfer was made	
19.	Person's relationship to you  Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No						
	<ul> <li>☐ Yes. Fill in the details.</li> <li>Name of trust</li> <li>Description and value of the property transferred</li> <li>Date Transferred</li> </ul>						
Par	rt 8: List of Certain Financial Accounts, Ins	struments. Safe Deposi	it Boxes. and S	torage Units		made	
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No	y, were any financial acou	ccounts or insti	ruments held in			
	Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco	clo	te account was sed, sold, oved, or nsferred	Last balance before closing or transfer	
	Omni Community Credit Union	XXXX-	Checking		proximately t. 2017	\$100.00	
21.	Do you now have, or did you have within 1 y cash, or other valuables?	/ear before you filed fo	r bankruptcy, a	ny safe deposit	t box or other depos	sitory for securities,	
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?	

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	tor 1 Arthur E. Shears tor 2 Faith M. Shears		Case number (if known)					
22.	Have you stored property in a storage unit or pla  ■ No	ace other than your home within 1	year before you filed for bankruptcy?					
	Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
Par	9: Identify Property You Hold or Control for S	Someone Else						
23.	Do you hold or control any property that someofor someone.	ne else owns? Include any proper	ty you borrowed from, are storing for,	or hold in trust				
	■ No							
	Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Valu				
Par	10: Give Details About Environmental Informa	ition						
For	he purpose of Part 10, the following definitions	apply:						
•	toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.  Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
Rep	ort all notices, releases, and proceedings that yo	u know about, regardless of when	they occurred.					
•	Has any governmental unit notified you that you		•	ntal law?				
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	·						
	■ No							
	Yes. Fill in the details.	Covernmental unit	Environmental law if you	Data of nation				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or adminis	trative proceeding under any envi	ronmental law? Include settlements a	nd orders.				
	■ No							
	Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	11: Give Details About Your Business or Con	nections to Any Business						
27.	Within 4 years before you filed for bankruptcy, d	lid you own a business or have an	y of the following connections to any	business?				
	■ A sole proprietor or self-employed in a to	•						
	☐ A member of a limited liability company	(LLC) or limited liability partnershi	ip (LLP)					
Offici		f Financial Affairs for Individuals Filing		page				

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Debtor 1 Debtor 2	Arthur E. Shears Faith M. Shears	Ca:	se number (if known)
	☐ A partner in a partnership		
_			
_	☐ An officer, director, or managing ex	•	
	☐ An owner of at least 5% of the votin		
	No. None of the above applies. Go to I		
•	Yes. Check all that apply above and fill	in the details below for each business.	
Addı	iness Name ress ber, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
			Dates business existed
	nur Shears	part-time RV transport	EIN:
deb	tor's address		From-To approx. 2015-present
	S Trucking tor's address	RV transport	EIN: approx. 2011-2015
deb	tor's address		From-To
Nam Addı		Date Issued	
	Sign Below		
Part 12.	Sign below		
are true ar with a ban 18 U.S.C.	nd correct. I understand that making a nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.	false statement, concealing property, or ol \$250,000, or imprisonment for up to 20 year	declare under penalty of perjury that the answers btaining money or property by fraud in connection irs, or both.
	ır E. Shears E. Shears	/s/ Faith M. Shears Faith M. Shears	
	e of Debtor 1	Signature of Debtor 2	
Date M	ay 8, 2018	Date May 8, 2018	
Did you at ■ No □ Yes	ttach additional pages to Your Stateme	ent of Financial Affairs for Individuals Filing	g for Bankruptcy (Official Form 107)?
■ No		t an attorney to help you fill out bankruptcy	
103.1No	and or i orden Attach the Dankiu	ploy i dilitori i roparor s rivolico, Decidialiori, a	ina dignataro (Omotari omi 110).

Fill in this infor	mation to identify your	case:			
Debtor 1	Arthur E. Shears First Name	Middle Name	Last Name		
Debtor 2	Faith M. Shears				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT	OF MICHIGAN		
Case number					
(if known)					Check if this is an amended filing
					J. T. T. T. T. J.
Official Fo	orm 108				
Statement of Intention for Individuals Filing Under Chapter 7					
If you are an individual filing under chapter 7, you must fill out this form if:					
	re claims secured by yo	• • •	uns ioinin.		
_	• •	and the lease has not exp	pired.		
	to the state of th				

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1:	List Your	Creditors	Who Have	Secured	Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C	
Creditor's Omni Community Credit Union name:	☐ Surrender the property. ☐ Retain the property and redeem it.	■ No	
Description of 2006 Ford F-150 150,000 miles property	<ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>	☐ Yes	
securing debt:			
Creditor's Omni Community Credit Union	☐ Surrender the property.	■ No	
name:	☐ Retain the property and redeem it.  ■ Retain the property and enter into a	☐ Yes	
Description of 2006 Dodge Dakota 150,000 miles	Reaffirmation Agreement.		
property securing debt:	☐ Retain the property and [explain]:		

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

#### Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Arthur E. Shears Debtor 2 Faith M. Shears	Case number (if known)
	<u> </u>
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention about any property that is subject to an unexpired lease.	property of my estate that secures a debt and any personal
X /s/ Arthur E. Shears X /s/ F	Faith M. Shears
	h M. Shears
Signature of Debtor 1 Sign	ature of Debtor 2
Date May 8, 2018 Date	May 8, 2018

				_					
Fill in this infor	mation to identify your case:			Che	eck one	box only as d	irected in	this form and in	Form
Debtor 1	Arthur E. Shears			122	2A-1Sup	p:			
Debtor 2 (Spouse, if filing)	Faith M. Shears				■ 1. The	ere is no pres	umption o	of abuse	
	Bankruptcy Court for the: Western Dist	rict of M	ichigan		ар	plies will be n	nade und	ine if a presumpti er <i>Chapter 7 Mea</i>	
Case number (if known)					☐ 3. The		does not	apply now becau	
								but it could apply	later.
Official F	orm 122A - 1				⊔ Cned	ck if this is a	n ameno	aea tiling	
	7 Statement of Your (	Curra	ent Month	lv Inc	oma				40/45
Chapter	7 Statement of Tour	Juile		iy iiic	Onne				12/15
attach a separat case number (if qualifying milita	and accurate as possible. If two married pe e sheet to this form. Include the line numbe known). If you believe that you are exempte ry service, complete and file Statement of E alculate Your Current Monthly Income	er to whice ed from a Exemption	ch the additional info presumption of ab	ormation a	pplies. O se you do	n the top of a	ny addition	nal pages, write yo sumer debts or be	our name and ecause of
	your marital and filing status? Check o								
	parried. Fill out Column A, lines 2-11.	TIE OTTIY.							
	ed and your spouse is filing with you.	Fill out h	ooth Columns A and	d R lines	2-11				
_	ed and your spouse is NOT filing with								
	ing in the same household and are no	•	• •		umns A	and B. lines 2	2-11.		
	ing separately or are legally separated		•			•		this box. vou de	clare under
pe	nalty of perjury that you and your spouse ng apart for reasons that do not include $\epsilon$	are lega	ally separated unde	er nonban	kruptcy I	aw that applic	es or that		
101(10A). Fo the 6 months	erage monthly income that you received from rexample, if you are filing on September 15, the add the income for all 6 months and divide the same rental property, put the income from	ne 6-mont e total by	th period would be Ma 6. Fill in the result. D	arch 1 throu o not includ	igh Augus le any inc	st 31. If the amo	ount of you ore than o	r monthly income vance. For example, it	aried during f both
·			•		Column Debtor		Columi Debtor		
	ess wages, salary, tips, bonuses, overteductions).	ime, and	d commissions (b	efore all	\$	0.00	\$	0.00	
	and maintenance payments. Do not in 3 is filled in.	clude pa	yments from a spo	use if	\$	0.00	\$	0.00	
of you or from an u and room	ints from any source which are regula r your dependents, including child sup inmarried partner, members of your hous imates. Include regular contributions from Do not include payments you listed on lin	oport. In sehold, ye n a spou	clude regular controur dependents, p	ibutions arents,	\$	0.00	\$	0.00	
	me from operating a business, profes								
		•	Debtor 1						
	ceipts (before all deductions)	\$	2,462.36	-					
•	and necessary operating expenses	<b>-</b> \$	1,310.44	Сору					
	hly income from a business, n, or farm	\$	1,151.92	here ->	\$	1,151.92	\$	0.00	
6. Net inco	me from rental and other real property	,	Debtor 1						
Gross re	ceipts (before all deductions)		\$ 0.00						
	and necessary operating expenses		-\$ 0.00						
•	hly income from rental or other real prop	erty 5	0.00 Cop	y here ->	\$	0.00	\$	0.00	
	dividends, and royalties	- '			\$	0.00	\$	0.00	

Official Form 122A-1

Case number (if known)

Column B Column A Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 1,151.92 +| \$ 0.00 1,151.92 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 1,151.92 Multiply by 12 (the number of months in a year) **x** 12 13,823.04 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. 60,809.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Arthur E. Shears X /s/ Faith M. Shears Arthur E. Shears Faith M. Shears Signature of Debtor 1 Signature of Debtor 2 Date May 8, 2018 Date May 8, 2018 MM / DD / YYYY MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

Arthur E. Shears

Faith M. Shears

Debtor 1

Debtor 2

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## **United States Bankruptcy Court** Western District of Michigan

In re	Arthur E. Shears Faith M. Shears		Case No.	
		Debtor(s)	Chapter	7

### **VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date:	May 8, 2018	/s/ Arthur E. Shears	
		Arthur E. Shears	
		Signature of Debtor	
Date:	May 8, 2018	/s/ Faith M. Shears	
		Faith M. Shears	
		Signature of Debtor	
Date:	May 8, 2018	/s/ Robert R. Kopen	
		Signature of Attorney	
		Robert R. Kopen P29802	
		Konen Law Offices	

Robert R. Kopen P29802 Kopen Law Offices 120 S. Clark St., PO Box 155 Centreville, MI 49032 269/467-6357 Fax: 269/467-6358 08/12

# UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF MICHIGAN

In re:		Case No.	
	Arthur E. Shears Faith M. Shears	Chapter 7	
	Debtor(s).		
		/	

#### **ASSET PROTECTION REPORT**

Pursuant to Local Bankruptcy Rule 1007-2(d), debtors filing a Chapter 7 petition and debtors in a case converting to Chapter 7 must file an Asset Protection Report. List below any property referenced on **Schedule D** (Creditors Holding Secured Claims); or **Schedule G** (Executory Contracts and Unexpired Leases); and **any insurable asset in which there is nonexempt equity.** For each asset listed, provide the following information regarding property damage or casualty insurance:

INSURABLE ASSET (from schedules)	IS ASSET INSURED? (Yes/No)	NAME & ADDRESS OF AGENT OR INSURANCE CO.	POLICY EXPIRATION DATE (MM/YYYY)	WILL DEBTOR RENEW INSURANCE ON EXPIRATION? (Yes/No)
61980 Klinger Lake Rd. Centreville, MI 49032	Yes	Foremost Insurance 5230 33rd St. SE Grand Rapids MI 49512	09/2018	Yes
2006 Ford pick-up	Yes	State Farm Scott Sinotte 1001 E. Chicago Rd. Sturgis MI 49091	08/2018	Yes
2006 Dodge pick-up	Yes	same as above	08/2018	Yes
2001 Dodge	Yes	Transportation Insurors, Inc. 111 E. Main St. Delphi IN 46923	09/2018	Yes

If the debtor is self-employed, does the debtor have general liability insurance for business activities? Yes  $\square$  No  $\checkmark$ 

I declare, under penalty of perjury, that the above information is true and accurate to the best of my knowledge. I intend to provide insurance protection for any exemptible interests in real or personal property of the estate, and I request that the trustee not expend estate funds to procure insurance coverage for my exemptible assets.

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08/12

Dated:	May 8, 2018	/s/ Arthur E. Shears	
			Arthur E. Shears
			Debtor
Dated: <b>May 8, 2018</b>	May 8, 2018	/s/ Faith M. Shears	
			Faith M. Shears
			Joint Debtor (if any)

Pursuant to LBR 1007-2(f), debtor is required to provide the trustee with a copy of the Declarations Page for any insurance policy covering an insurable asset at least 7 days before the date first set for the meeting of creditors